

Health Screening Form Instructions

It's important for you to “know your numbers” to manage your health. Your cholesterol, blood pressure, glucose and body mass index (BMI, which is calculated using your height and weight) are key indicators of your health and your risk for illness. By submitting your results to RedBrick Health, you'll get more informed recommendations to help you improve your health. To receive credit for your health screening, your tests must have been completed after October 1, 2014 and submitted to RedBrick Health by September 15, 2015.

Step 1: Obtaining Your Health Screening Results

When you are using the Health Screening Form, there are two ways to obtain your health screening results:

- **OPTION 1** — If your health care provider has conducted a health screening for you after October 1, 2014, you can ask your provider to complete the Health Screening Form using those results.
- **OPTION 2** — Visit your health care provider to have a screening conducted. Be sure to bring the attached Health Screening Form with you to your appointment.

Step 2: Completing the Health Screening Form

Once the lab values are available, your provider should complete and sign the form. Either you or your provider can submit it to RedBrick.

Step 3: Submitting the Health Screening Form

Mail, fax or email the completed form to RedBrick using the contact information at the bottom of the form. The form will be processed within 10 business days from receipt if all of the required information is submitted. To receive credit for your health screening, submit your Health Screening Form to RedBrick by September 15, 2015.

If you have questions, call RedBrick Health at 877-263-3554. If you have any questions about the health screenings or your specific health screening results, please contact your health care provider.

If it is unreasonably difficult or medically inadvisable, due to a medical condition, for you to achieve or attempt to achieve the standards for this program, call RedBrick Health.

Your privacy is very important to us. That's why we continuously update our information systems to keep your data safe. Our Privacy Policy is based on these seven basic principles:

1. We always comply with our Privacy Policy and all applicable laws.
2. We will only use and disclose your Protected Health Information, which includes your Health Assessment and screening results, in compliance with the HIPAA Privacy Rule and all applicable laws.
3. We will only disclose your Protected Health Information to organizations that assist us in providing our services to you and only if they have agreed to protect your information in compliance with our Privacy Policy, the HIPAA privacy & security rules, and all applicable laws.
4. Your information will **never** be sold or given to a third party for marketing purposes.
5. Your personalized programs and information are available to you through a secure, password-protected website.
6. We will provide information to allow your employer to administer the program (e.g., pay incentives to you).
7. We will not disclose your Protected Health Information to your employer except with your consent or as required by law, and your employer may not use your Protected Health Information for any employment related purposes.

Want to know more? Feel free to read the full Privacy Policy statement on MyRedBrick.com/Jefferson.

First name _____

Last name _____

Birth date / /

Employer J E F F E R S O N _____

Email _____

Phone _____ - _____ - _____

Health Care Provider — Please complete the following information

Your patient is involved in an employer-sponsored health improvement program. One component of this program is participation in a health screening. Your patient has opted to have this screening conducted by you. Please provide the following screening results, as requested below, and return this form back to your patient. Thank you for your assistance.

Date of Screening / /

Height feet inches

Total Cholesterol³ mg/dL

Weight¹ pounds

HDL mg/dL

Blood Pressure² / mmHg

LDL mg/dL

Triglycerides mg/dL

TC/HDL Ratio

Glucose mg/dL

Patient fasted for at least 12 hours?
 Yes No

1 If body mass index is 25 or above, but is a healthy level for this individual, initial this box:

2 If blood pressure is 120/80 mmHg or above, but is a healthy level for this individual, initial this box:

3 If total cholesterol is 200 mg/dL or above, but is a healthy level for this individual, initial this box:

Health care provider name: _____

Health care provider signature: _____

Health care provider phone: _____ - _____ - _____

Please send this form to RedBrick Health

Please allow up to 10 business days for processing before results will appear on your personalized RedBrick Health website.

RedBrick Health
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Fax: 844-343-2709